

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/16/2010
NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE			STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	Alexian Village Health and Rehabilitation Center is committed to achieving success through providing excellent care and service to our residents through quality assurance, compliance, and continuous improvement.		
F 221 SS=D	<p>Complaint investigation #26305 was completed during the annual recertification survey at Alexian Village of Tennessee on September 14 - 16, 2010. No deficiencies were cited in relation to the complaint under 42 CFR Part 482.13 Requirements for Long Term Care.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, observation, and interview, the facility failed to reduce or eliminate a restraint for one resident (#11) of twenty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #11 was admitted to the facility on October 12, 2008, with diagnoses including Alzheimer's Disease and Dementia without Behavioral Disturbances.</p> <p>Medical record review of the Physician's Recapitulation Orders dated September 2010, revealed "Lap buddy when up in w/c (wheelchair) check every 30 minutes and release every 2 hours for ROM (range of motion)."</p> <p>Medical record review of the resident's Physical</p>	F 221	<p>This Plan of Correction is respectfully submitted in response to the findings of an annual survey and is not an admission of the validity of any finding or facility's violation of any standard. This Plan of Correction serves as the facility's written credible allegation of substantial compliance with all standards.</p> <p>1. Resident # 11 was assessed by Nursing and evaluated by Physical Therapy for possible restraint reduction on 9/15/10. Resident # 11 was deemed to be a candidate for restraint reduction after completion of the assessment and evaluation. The lap buddy was removed and appropriate seating device applied.</p>	10/1/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 01 2010

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F 221	<p>Continued From page 1</p> <p>Restraint Elimination Assessment dated December 15, 2009, March 15, 2010, and June 15, 2010, each revealed, "...Total score-16...Candidate for restraint reduction or elimination?...Yes...Action Plan...cont with lap buddy..." Continued review of the resident's Physical Restraint Elimination Assessment revealed, "...Instructions: Restrained individuals should be reviewed AT LEAST QUARTERLY to determine whether or not they are candidates for restraint reduction, less restrictive restraining measures, or total restraint elimination...assess the resident by circling the corresponding score(s) that best describe his/her current status...Total Score 0-20 Priority Candidate..."</p> <p>Observations on September 14, 2010, at 2:45 p.m., and September 15, 2010, at 8:50 a.m., and 10:55 a.m., revealed the resident sitting in a wheelchair with a lap buddy restraint in place.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on September 14, 2010 at 3:10 p.m., in the Conference Room, confirmed the resident was a priority candidate for restraint reduction and/or elimination attempt. Continued interview confirmed the facility failed to attempt a restraint reduction and/or elimination for the resident.</p>	F 221	<p>2. An audit of residents have been completed and no other resident have been affected from this practice. In-service was held on 9/24/10 for Assessment Nurses and Social Services on following through with Quarterly Restraint Reductions when appropriate after completion of assessment.</p> <p>3. Weekly during the Falls and Safety meeting residents with restraints will be reviewed for possible reduction.</p> <p>4. The Director of Nursing will review all restraints weekly during Falls and Safety meeting and will report findings to Quality Assurance Committee monthly.</p>		

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